

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)
Concerned Citizens for Better Education

IMPORTANT: Indicate type of committee you are reporting for: ☒ (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support State of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name _____ Political Party _____

Office Sought _____ District (if Senate or House) _____

FORM DR-2
(Rev. 07/2003)

DISCLOSURE REPORT

For Office Use Only

Comm. # _____

Logged In _____

Scanned _____

Computer _____

Audited _____

IA ETHICS AND
CAMPAIGN DISCLOSURE
2008 DEC 11 AM 11:48

Steve Walther
SIGNATURE OF TREASURER (or person filing this report)

563 920 1391
TELEPHONE

12-11-08
DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 12-11-08 REPORT FOR AN/A (1) ELECTION (2) NON-ELECTION YEAR.
(report date)

Indicate one ☐

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election
12-16-08

County & Local Committees, enter County in which Election is held
Bachman

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

\$ 718.24

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) ("also see In-kind below")

3760.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 4478.24

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) ("also see debts and loans below")

S/B 1515.00

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

\$ S/B 2963.24

**UNPAID BILLS (From Schedule D - Attach Schedule D)

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

☐ YES ☐ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ _____

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)		MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM		

COMMITTEE NAME (Must be same as on Statement of Organization)

Concerned citizens for Better Education

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
12-06-08	ID# CK# 1530	Charles MAZUR 2142 26th ST Independence 50644		\$ 200	<input type="checkbox"/>
12-06-08	ID# CK# 1735	Ray Paschcraps 1200 10th ave NE Independence 50644		200	<input type="checkbox"/>
12-06-08	ID# CK# 3050	Jim THEODIS 2097 310TH ST Rowley Ia 50329		200	<input type="checkbox"/>
12-06-08	ID# CK# 11166	RT Milley 3133 K10 ave Rowley 50329		400	<input type="checkbox"/>
12-06-08	ID# CK# 367	Margaret Fleser 31031 Michel Ave Rowley 50329		200	<input type="checkbox"/>
12-06-08	ID# CK# 11411	Frank Rehberg 2279 310 ST Rowley 50329		460	<input type="checkbox"/>
12-06-08	ID# CK# 4908	Shirley Seagren's 604 1st ave NE Independence 50644		200	<input type="checkbox"/>
12-06-08	ID# CK# 1460	Dave Lynch 3275 Iowa ave Independence 50644		200	<input type="checkbox"/>
12-06-08	ID# CK# 3491	Steve Wright 3121 Plymouth ave Independence 50644		100	<input type="checkbox"/>
12-10-08	ID# CK# 6320	Jeff Berger 1528 220th ST Independence 50644		250	<input type="checkbox"/>

SUB-TOTAL

TOTAL (If last page of this schedule)

2410
\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of _____
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Concerned citizens for Better Education

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(8), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
12-10 09	ID# CK# 6319	Jeff Lemeyer 1528 226th ST Indep 50644		\$ 250	<input type="checkbox"/>
12-10 08	ID# CK# 2543	Dave Jordening 2457 Hanley Ave Indep 50644		500	<input type="checkbox"/>
12-10 08	ID# CK# 9657	Karen Crawford 800 3rd Ave SW Indep 50644		500	<input type="checkbox"/>
12-01 08	ID# CK# 2719	Larry Rasmussen 1657 Bethany Ave Indep 50644		100	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$1350

TOTAL (If last page of this schedule)

3760

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
12-8-08	ID# CK# W.D. Wire	Paul Dorr PO Box 188 Ocheyedan, Ia 51354	consulting services	\$1515.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (If last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and Iowa Code 68A.6(3)(i).)

Page _____ of _____

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE 6 (Rev. 02/08)	BREAKDOWN OF MONEY EXPENDITURES BY CONSULTANT	<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM

Concerned Citizens for Better Education

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant
 Mail Address
 City
 State
 Zip Code
 Contract Period (MM/DD/YY)

FROM Dec 1 08 TO Dec 31 08	\$ 2500
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ESTIMATES OF PERFORMANCE

find facts + write script

PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (these expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
			\$
SUB-TOTAL \$			
TOTAL (If last page of this schedule)			\$